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USPTO

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonapplications under 37C.F.R. §1.53(b))

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

|  |   |
|--|---|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br/><i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status<br/>See 37 CFR 1.27</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>20</u>]<br/><i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R&amp;D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings <i>(if filed)</i></li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> </p> <p>4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total sheets _____]</p> <p>5. <input type="checkbox"/> Oath or Declaration [Total pages _____]       <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d))<br/><i>(for continuation/divisional with Box 18 completed)</i> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b><u>DELETION OF INVENTOR(S)</u></b><br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul> </li> </ul> </p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission<br/><i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Copy (CRF)</li> <li>b. Specification Sequence Listing on:           <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies)</li> <li>ii. <input type="checkbox"/> Paper</li> </ul> </li> <li>c. <input type="checkbox"/> Statement verifying identity of above copies</li> </ul> </p> |
| <b>ACCOMPANYING APPLICATION PARTS</b>  |   |
| <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br/><i>(when there is an assignee)</i></p> <p>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/><i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/><i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>   |   |

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76.

Continuation     Divisional     Continuation-in-part (CIP)    of prior application No: \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts

**19. CORRESPONDENCE ADDRESS**

|  |                  |  |                  |                                   |        |           |                |  |  |      |      |       |          |  |         |           |     |  |
|--|------------------|--|------------------|-----------------------------------|--------|-----------|----------------|--|--|------|------|-------|----------|--|---------|-----------|-----|--|
| <input checked="" type="checkbox"/> Customer Number  | 23913            | or <input type="checkbox"/> Correspondence address below |                  |                                   |        |           |                |  |  |      |      |       |          |  |         |           |     |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Name</td> <td colspan="3"></td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> <td></td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td>Fax</td> <td></td> </tr> </table> |                  |  | Name             |                                   |        |           | Address        |  |  |      | City | State | Zip Code |  | Country | Telephone | Fax |  |
| Name   |                  |  |                  |                                   |        |           |                |  |  |      |      |       |          |  |         |           |     |  |
| Address  |                  |  |                  |                                   |        |           |                |  |  |      |      |       |          |  |         |           |     |  |
| City   | State            | Zip Code   |                  |                                   |        |           |                |  |  |      |      |       |          |  |         |           |     |  |
| Country  | Telephone        | Fax  |                  |                                   |        |           |                |  |  |      |      |       |          |  |         |           |     |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>NAME (Print/type)</td> <td>Andrea E. Dorigo</td> <td>Registration No. (Attorney/Agent)</td> <td>47,532</td> </tr> <tr> <td>Signature</td> <td colspan="3">March 12, 2004</td> </tr> </table>   |                  | NAME (Print/type)  | Andrea E. Dorigo | Registration No. (Attorney/Agent) | 47,532 | Signature | March 12, 2004 |  |  | Date |      |       |          |  |         |           |     |  |
| NAME (Print/type)  | Andrea E. Dorigo | Registration No. (Attorney/Agent)                        | 47,532           |                                   |        |           |                |  |  |      |      |       |          |  |         |           |     |  |
| Signature  | March 12, 2004   |  |                  |                                   |        |           |                |  |  |      |      |       |          |  |         |           |     |  |

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small status. See 37 CFR 1.27Total Amount of Payment  Attorney Docket No. 

## METHOD OF PAYMENT (check all that apply)

 Check  Credit Card  Money  Other  None  
Order
 Deposit Account:

|                        |   |
|------------------------|---|
| Deposit Account Number | <input type="text" value="16-1445"/>    |
| Deposit Account Name   | <input type="text" value="Pfizer Inc"/> |

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments Charge any additional fee(s) or any underpayment of fee(s) Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

## Large Entity Small Entity

| Fee Code      | Fee (\$) | Fee Code | Fee (\$) | Fee Description    | Fee Paid   |
|---------------|----------|----------|----------|--------------------|------------|
| 1001          | 770      | 2001     | 385      | Utility filing fee | <b>770</b> |
| 1002          | 340      | 2002     | 170      | Design filing fee  |            |
| 1003          | 530      | 2203     | 265      | Plant filing fee   |            |
| 1004          | 770      | 2004     | 385      | Reissue filing fee |            |
| 1005          | 160      | 2005     | 80       | filin fee          |            |
| Subtotal (1)s |          |          | \$ 770   |                    |            |

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims | Independent Claims | Multiple Dependent | Extra Claims | Fee from below | Fee Paid |
|--------------|--------------------|--------------------|--------------|----------------|----------|
|              |                    |                    | - 20** =     | x              | =        |
|              |                    |                    | - 3 =        | x              | =        |
|              |                    |                    |              | =              |          |

| Large Entity | Small Entity | Fee Description |  |
|--------------|--------------|-----------------|--|
| Fee Code     | Fee (\$)     | Fee Code        |  |
| 1202         | 18           | 2202            | 9 Claims in excess of 20                             |
| 1201         | 86           | 2201            | 43 Independent claims in excess of 3                 |
| 1203         | 290          | 2203            | 145 Multiple dependent claim, if not paid            |
| 1204         | 86           | 2204            | 43 **Reissue independent claims over original patent |
| 1205         | 18           | 2205            | 9 **Reissue independent claims over original patent  |

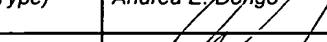
(\$)

\*\*or number previously paid, if greater; For Reissues, see above

| Complete if Known    |                |
|----------------------|----------------|
| Application Number   | To be assigned |
| Filing Date          | March 12, 2004 |
| First Named Inventor | Jian-min Fu    |
| Examiner Name        | To be assigned |
| Art Unit             | To be assigned |
| PC                   | PC27867A       |

## FEE CALCULATION (continued)

| 3. ADDITIONAL FEES                |          |              |                   |
|-----------------------------------|----------|--------------|-------------------|
| Large Entity                      |          | Small Entity |                   |
| Fee Code                          | Fee (\$) | Fee Code     | Fee (\$)          |
| 1051                              | 130      | 2051         | 65                |
| 1052                              | 50       | 2052         | 25                |
| 1053                              | 130      | 1053         | 130               |
| 1812                              | 2,520    | 1812         | 2,520             |
| 1804                              | 920*     | 1804         | 920*              |
| 1805                              | 1,840*   | 1805         | 1,840*            |
| 1251                              | 110      | 2251         | 55                |
| 1252                              | 420      | 2252         | 210               |
| 1253                              | 950      | 2253         | 475               |
| 1254                              | 1,480    | 2254         | 740               |
| 1255                              | 2,010    | 2255         | 1,005             |
| 1401                              | 330      | 2401         | 165               |
| 1402                              | 330      | 2402         | 165               |
| 1403                              | 290      | 2403         | 145               |
| 1451                              | 1,510    | 1451         | 1,510             |
| 1452                              | 110      | 2452         | 55                |
| 1453                              | 1,330    | 2453         | 665               |
| 1501                              | 1,330    | 2501         | 665               |
| 1502                              | 480      | 2502         | 240               |
| 1503                              | 640      | 2503         | 320               |
| 1460                              | 130      | 1460         | 130               |
| 1807                              | 50       | 1807         | 50                |
| 1806                              | 180      | 1806         | 180               |
| 8021                              | 40       | 8021         | 40                |
| 1809                              | 770      | 2809         | 385               |
| 1810                              | 770      | 2810         | 385               |
| 1801                              | 770      | 2801         | 385               |
| 1802                              | 900      | 1802         | 900               |
| Other Fee (specify)               |          |              |                   |
| *Reduced by Basic Filing Fee Paid |          |              | Subtotal (3) (\$) |

| SUBMITTED BY        |   | (Complete if applicable)  |
|---------------------|---|---|
| Name (Printed/Type) | <input type="text" value="Andrea E. Dorogo"/>                                       | Registration No. <input type="text" value="47,532"/> Telephone <input type="text" value="(212)733-1898"/> |
| Signature           |  |   |

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain benefit by the public which is to file ( and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and /or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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